



**PROFESSIONAL FUNDRAISER
REGISTRATION**
SECRETARY OF STATE
SFN 11303 (01-06)

FOR OFFICE USE ONLY

ID#	
WO#	
Approved By	Issued By

FEE: \$100.00

Instructions:

1. For reference, see North Dakota Century Code, Section 50-22.
2. Please type or print, complete all blanks, and enter "None" when appropriate.
3. If more space is needed for any section, please add a separate sheet providing the same information requested in those sections.
4. All new contracts, entered into after filing this application, must be filed in the Secretary of State's Office.
5. Must attach a bond in the sum of twenty thousand dollars.

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3665
Toll Free 800-352-0867 Ext 83665
Fax 701-328-1690
Web Site: www.nd.gov/sos

1.	Full Legal Name of Business or Individual Applicant			Telephone #		
	Street & mailing address of principle office		City		State	Zip Code
	The business is a: <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability				Federal ID #	
	State of Origin		First year organized			
	Business conducted by firm other than professional fundraising					
2.	If Individual or Partnership, complete all information below. If a Corporation, give information below concerning officers, directors, executive personnel and owners of ten percent or more of the capital stock. *If any person listed has been involved in any civil or criminal litigation, please attach a statement of your summary of the litigation, the outcome, and the parties involved.					
a.	Full Name		Title or Relationship to Business		Home Telephone #	
	Residence Address (City, State, Zip Code)		Birth Date	Birth Place	Social Security #	
	Drivers License #	State Where Issued	Alias(es) Used (If none, so state)		*Criminal Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b.	Full Name		Title or Relationship to Business		Home Telephone #	
	Residence Address (City, State, Zip Code)		Birth Date	Birth Place	Social Security #	
	Drivers License #	State Where Issued	Alias(es) Used (If none, so state)		*Criminal Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c.	Full Name		Title or Relationship to Business		Home Telephone #	
	Residence Address (City, State, Zip Code)		Birth Date	Birth Place	Social Security #	
	Drivers License #	State Where Issued	Alias(es) Used (If none, so state)		*Criminal Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d.	Full Name		Title or Relationship to Business		Home Telephone #	
	Residence Address (City, State, Zip Code)		Birth Date	Birth Place	Social Security #	
	Drivers License #	State Where Issued	Alias(es) Used (If none, so state)		*Criminal Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Type of fundraising to be conducted in North Dakota. Check all that apply to your organization.					
	<input type="checkbox"/> Mail <input type="checkbox"/> Personal Contact <input type="checkbox"/> Vending Business <input type="checkbox"/> Grant writing		<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> National <input type="checkbox"/> Local <input type="checkbox"/> Show or Concert <input type="checkbox"/> Other (please describe)		<input type="checkbox"/> Telemarketing <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazines or Periodicals <input type="checkbox"/> Membership Enrollment	
4.	Name of auditor accountant, employee, agent or other person who maintains or possesses professional fundraiser's records.					
	Name			Telephone #		
	Address		City		State	Zip Code

5. List all officers, agents, or employees employed to work under applicant's direction. You must update this list as changes occur. Attach an additional sheet if necessary.

	NAME	STREET	COMPLETE MAILING ADDRESS CITY	STATE	ZIP CODE	TERMS OF REMUNERATION
a.						
b.						
c.						
d.						
e.						

6. List other professional fundraisers with which any owner, partner or officer were previously associated.

	NAME OF PROFESSIONAL FUNDRAISER	STREET	COMPLETE MAILING ADDRESS CITY	STATE	ZIP CODE	TELEPHONE #
a.						
b.						

7. List all charitable organizations with which applicant has contracts to act as professional fundraiser in North Dakota. A professional Fundraiser may not solicit on behalf of a charitable organization that is not registered.

	NAME OF CHARITABLE ORGANIZATION	SOLICITATION LICENSE #	CONTACT PERSON	TELEPHONE #
a.				
b.				

8. List other state/local licenses/registrations/permits to solicit funds for charitable organization.

	GOVERNMENT AGENCY	STREET	COMPLETE MAILING ADDRESS CITY	STATE	ZIP CODE	DATE OF AUTHORITY (MO/DA/YR)
a.						
b.						

9. Licenses/Registrations/Permits Denied, Canceled or Revoked in any other state (If NONE, Indicate with N/A below)

ISSUED BY (AGENCY)	CITY	STATE	REASON	DATE OF ACTION
			<input type="checkbox"/> Denied <input type="checkbox"/> Canceled <input type="checkbox"/> Revoked	

I hereby make application as a professional fundraiser in the State of North Dakota. I certify the statements made herein to be true and complete, and are made for the purpose of complying with the requirements of North Dakota Century Code, Section 50-22.

State of _____

Signature and Title of Professional Fundraiser

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____.

(Notary Seal/Stamp)

Notary Public

My Commission Expires _____